

Name  
in  
Full

Joseph R. Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1905	Month Sep.	Day 27	Age 50	Years	Months	Days
Sex Male	Color or Race Colored	Occupation		Montgomery Co. Md.		
Married, Single or Widowed Widower	Laura Adams		Farm hand			
Name of Wife or Husband						
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information	Joseph Snowden		How related to deceased			
No relation.						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bragg's Disease	(initials)	How long
Immediate	Dropsy	(initials)	About 6 months
Are the name, age, sex, color, date and place correctly given above?		Yes	How long
		Signature of Physician	Chas. Parquhar.
		Address	Olivey.
Accident or Suicide?		Med.	



Name  
in  
Full

Margareth Elizabeth Bauer

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
of 1905	Sect	16	Age 23		
Sex	Female	Color or Race	White	Birth-place	Ille
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Benj F. Bauer		
Father's Name	Geo Ismich		Father's Birthplace	Ille.	
Mother's Maiden Name	Laura Leollins		Mother's Birthplace	Md.	
Name of person giving Information	Benj. Bauer		How related to deceased	Husband	
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis			How long	About 6 mos.
Immediate	Asphyxia			How long	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

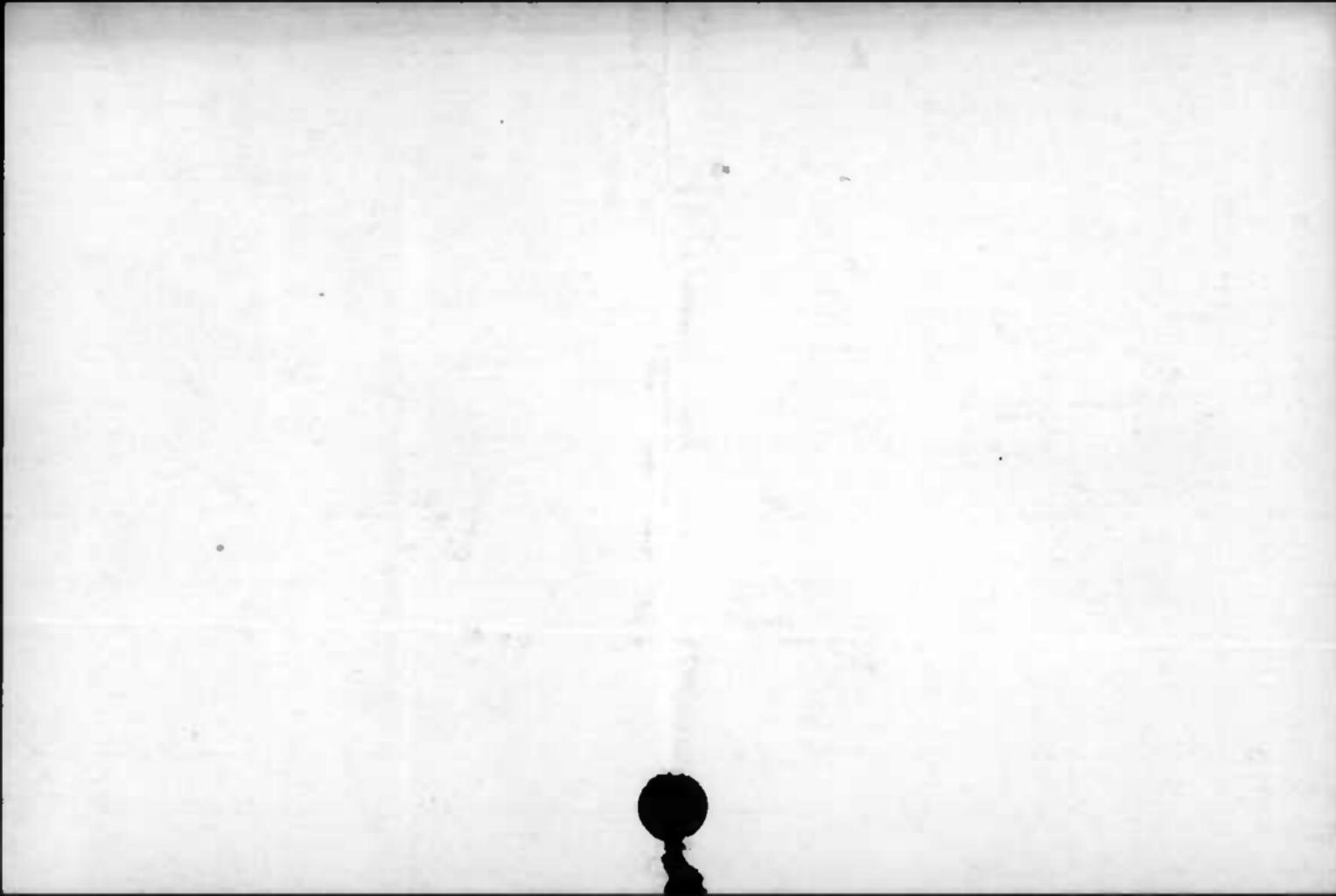
21

JHS Brown

Silver Spring  
Md.

Accident or Suicide?

Yes



Maria Roberta Beall

Town Darnestown County Montgomery MARYLAND

Died at

1905

Date 189

Month	Day	Y.	M.	D.	Native of	Occupation
-------	-----	----	----	----	-----------	------------

9. 4. 70

Age 70

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

~~old Dr Beall.~~

Wife

~~old Dr Beall~~

Father's

Name

Mother's

Name

Cause of

Primary

Mammary Carcinoma ~~at 43~~<sup>long sick</sup> for 8 years

Death

Immediate

Active Hemorrhage

Accident, Suicide, Homicide

Reported by

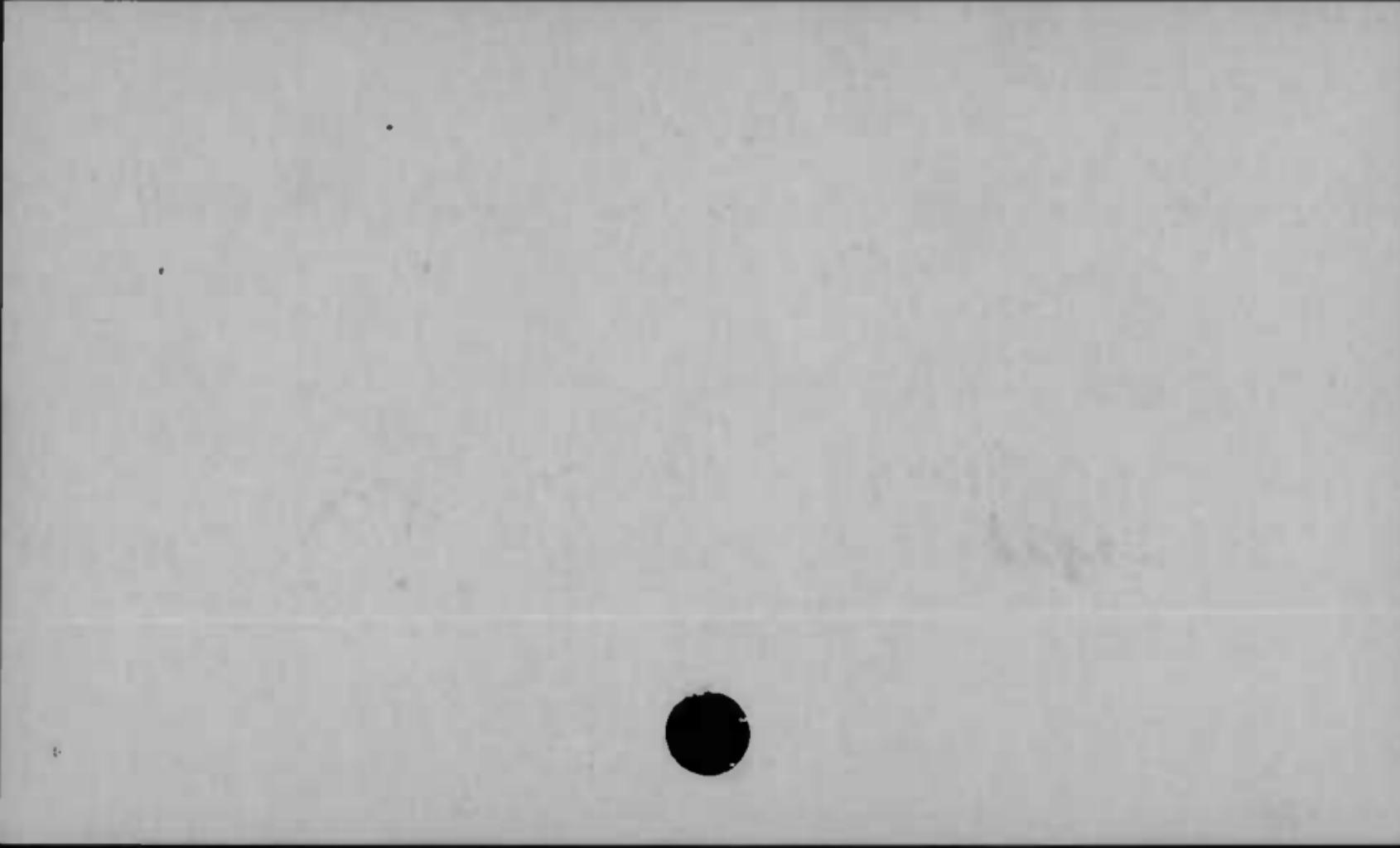
L.H. House M.D.

Address

Darnestown

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Susan M. Belt

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month 9	Day 17	Years 85	Months	Days 4	
Sex	Female	Color or Race	White		Birth-place	Maryland	
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Addison Belt					Father's Birthplace	Maryland
Mother's Maiden Name	Elizabeth A. Carrington					Mother's Birthplace	Virginia
Name of person giving Information	Maria Coe					How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senile debility



How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Edward Anderson M.D.  
Rockville, Md.

Accident or Suicide?



Name  
in  
Full

Astley Lee Black

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Near Glen	Montgomery	Months -	Days
Date of death	1905	Month Sept	Day 25	Years
Age	11			
Sex	Male	Color or Race	Colored	
Occupation	School boy	Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband		
Father's Name	Astley Black		Father's Birthplace	Balto County
Mother's Maiden Name	Lunie Brown		Mother's Birthplace	Maryland County
Name of person giving information	Astley Black		How related to deceased	Parent

CAUSES OF DEATH

Primary

Gun shot wound

How long

Immediate death

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

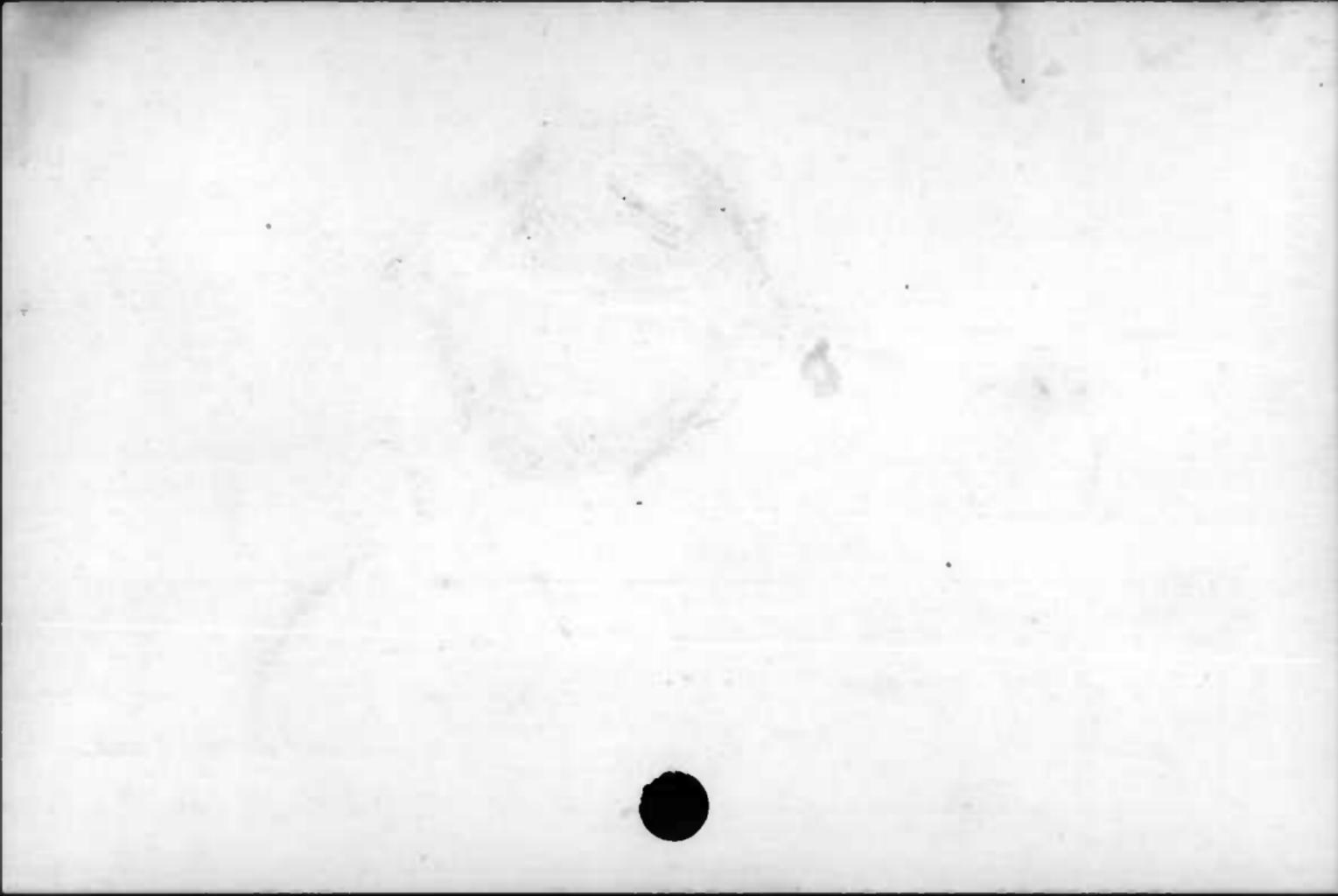
Signature of Physician

Address

Gus R Bell, Coroner  
Palmer  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide? accident



Name  
in  
Full

Sarah Boss -

CERTIFICATE OF DEATH

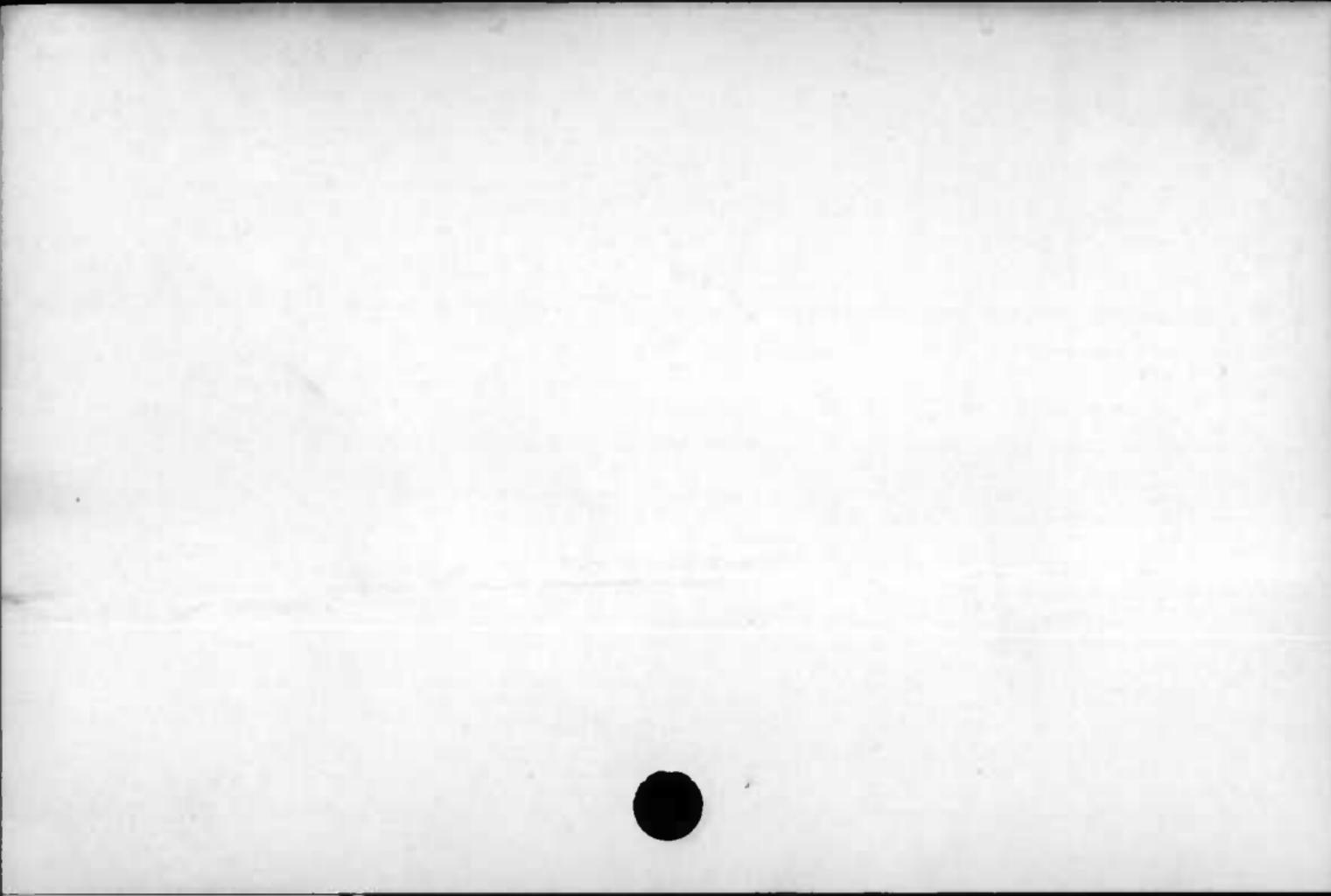
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	47	9 28
Occupation	Widow		Where Residing if not at place of death	Spencerville	
Married, Single or Widowed	Name of Wife of Husband	James G. Boss			Father's Birthplace
Father's Name	Thomas Bartlett			Pa	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	James Boss			How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer of Uterus		How long
Immediate	Hemorrhage		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. R. Buttrick
		Address	Spencerville
Accident or Suicide?			



Name  
in  
Full

Bruce

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Martinsburg</u> Town		County <u>Monongalia</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>September</u>	Day <u>2</u>	Age <u>Still-born</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Martinsburg Md</u>			
Occupation <u>-</u>	Where Residing if not at place of death <u>Martinsburg Md</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Henry Bruce</u>	S.				
Mother's Maiden Name <u>Mary E Dorsey</u>	Father's Birthplace <u>Martinsburg</u>				
Name of person giving information <u>Harriet Rideout</u>	Mother's Birthplace <u>Martinsburg</u>				
How related to deceased <u>Midwife</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still born

How long

Immediate

S.

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R.C. Lott sub reg  
Bolivar  
Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

John Dade		Buck Lodge			County		MARYLAND	
Died at	Town	Month	Day	Years	Months	Days		
Date of death	1905	9	14	Age	87			
Sex	Male	Color or Race	White	Birth-place	Montgomery Co			
Occupation	Farmer		Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Lizzie Dade					
Father's Name	—		Father's Birthplace	—				
Mother's Maiden Name	—		Mother's Birthplace	—				
Name of person giving Information	Physician		How related to deceased	—				

## CAUSES OF DEATH

Primary

Senile decay

How long

—

Immediate

—

How long

—

Are the name, age, sex, color, date and place correctly given above?

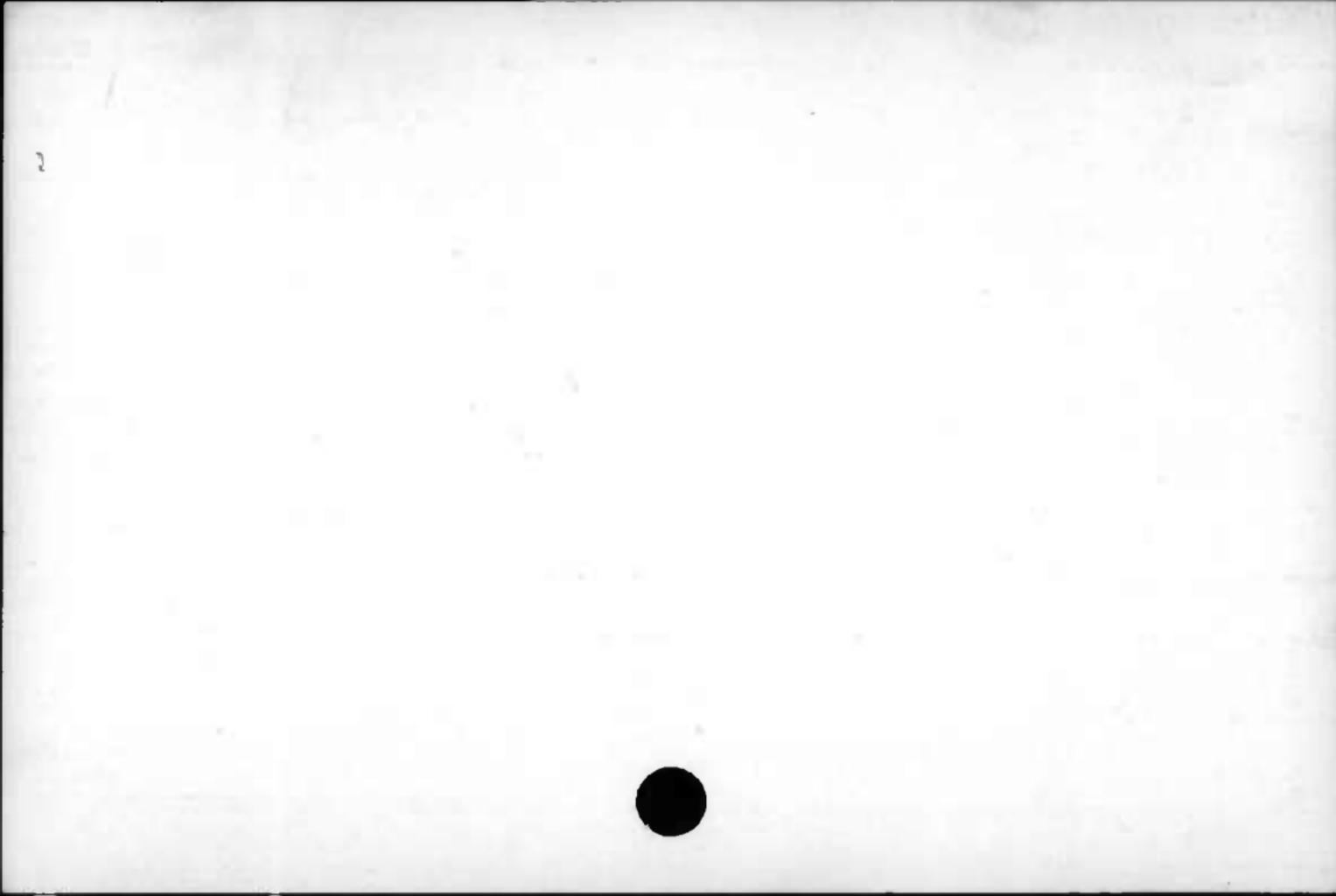
Yes

Signature of Physician

U. D. House M.D.  
Dawsonville Md.

Address

Accident or Suicide?



Name  
in  
Full

John Dade

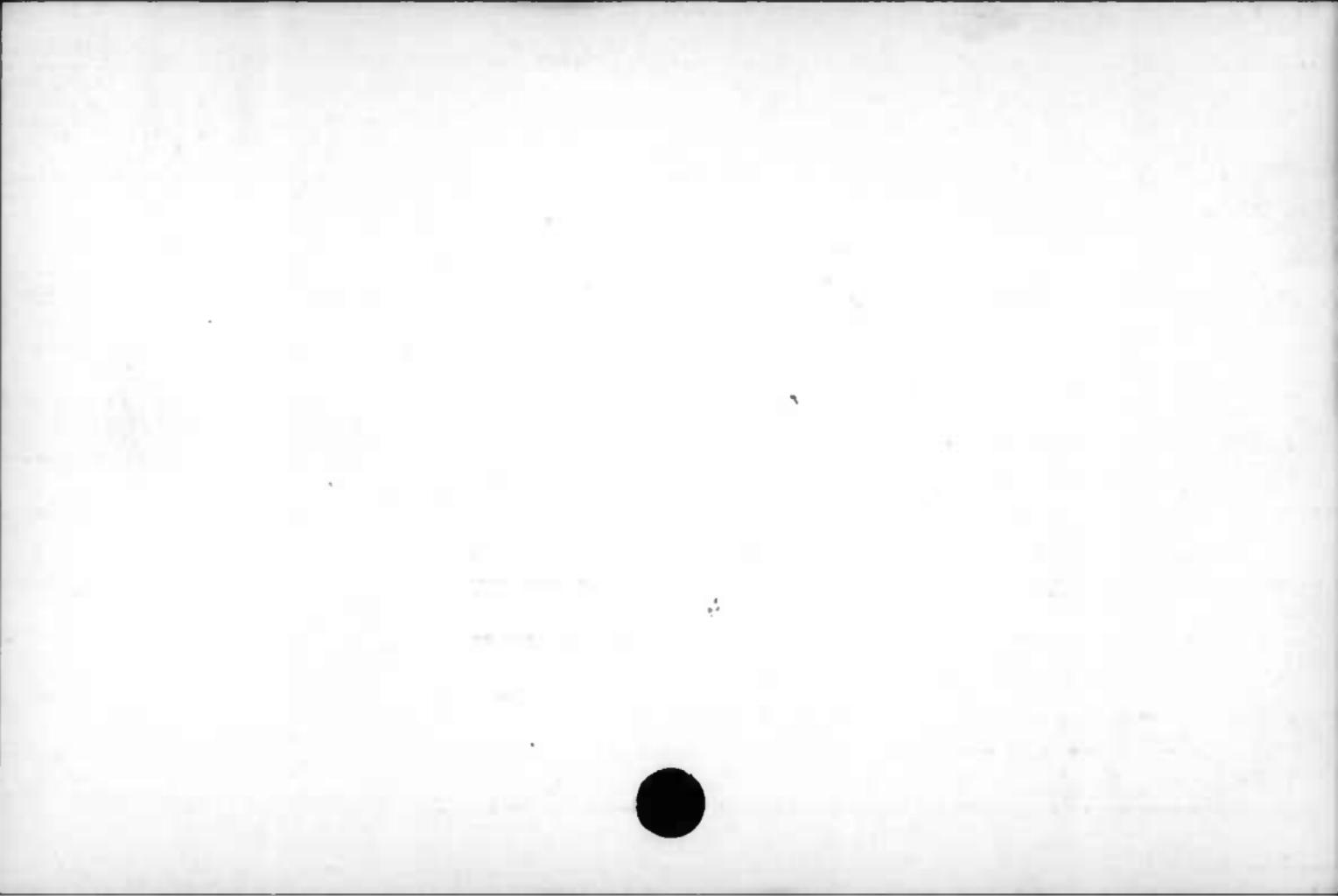
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1905	9	13	78	-	-		
Sex	Male	Color or Race	White	Birth-place	Burley Co. Md.		
Occupation	Surveyor						
Where Residing if not at place of death							
Married, Single or Widowed	Name of Wife or Husband						
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cancer of Stomach		How long
	Immediate	Cathartia		1 yr. 1. wh.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	U. D. House M.D.	
		Address	Dawsonville Md.	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lindon</u>		Town	County <u>Maryland</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Sep.</u>	Day <u>7</u>	Age <u>—</u>	Years	Months <u>3-</u>	Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>Negro</u>	Where Residing if not at place of death		<u>Lindon</u>		
Occupation <u>✓</u>					<u>✓</u>	
Married, Single or Widowed <u>X</u>	Name of Wife or Husband <u>✓</u>					
Father's Name <u>Albert Harris</u>			Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Jessie White</u>			Mother's Birthplace <u>Pa</u>			
Name of person giving information <u>Albert Harris</u>			How related to deceased <u>Father</u>			

## CAUSES OF DEATH

Primary <u>Whooping Cough</u>	How long <u>3 weeks</u>
Immediate <u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	

W. L. Stein  
Kingsway, Md



Name  
in  
Full

James E. Hill.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name or Wife or Husband					
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information			How related to deceased			

norwood      Montgomery      MARYLAND

1905 Sept. 19      1      8      20

male      Colored      Norwood

\_\_\_\_

Single      C. J. Hill      Ashby.

C. J. Hill      Sandy Spring

Susan K. Hill.      Father      Father

✓

✓

✓

✓

CAUSES OF DEATH

Primary

Pertussis

✓ ⑧

How long

3 weeks

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

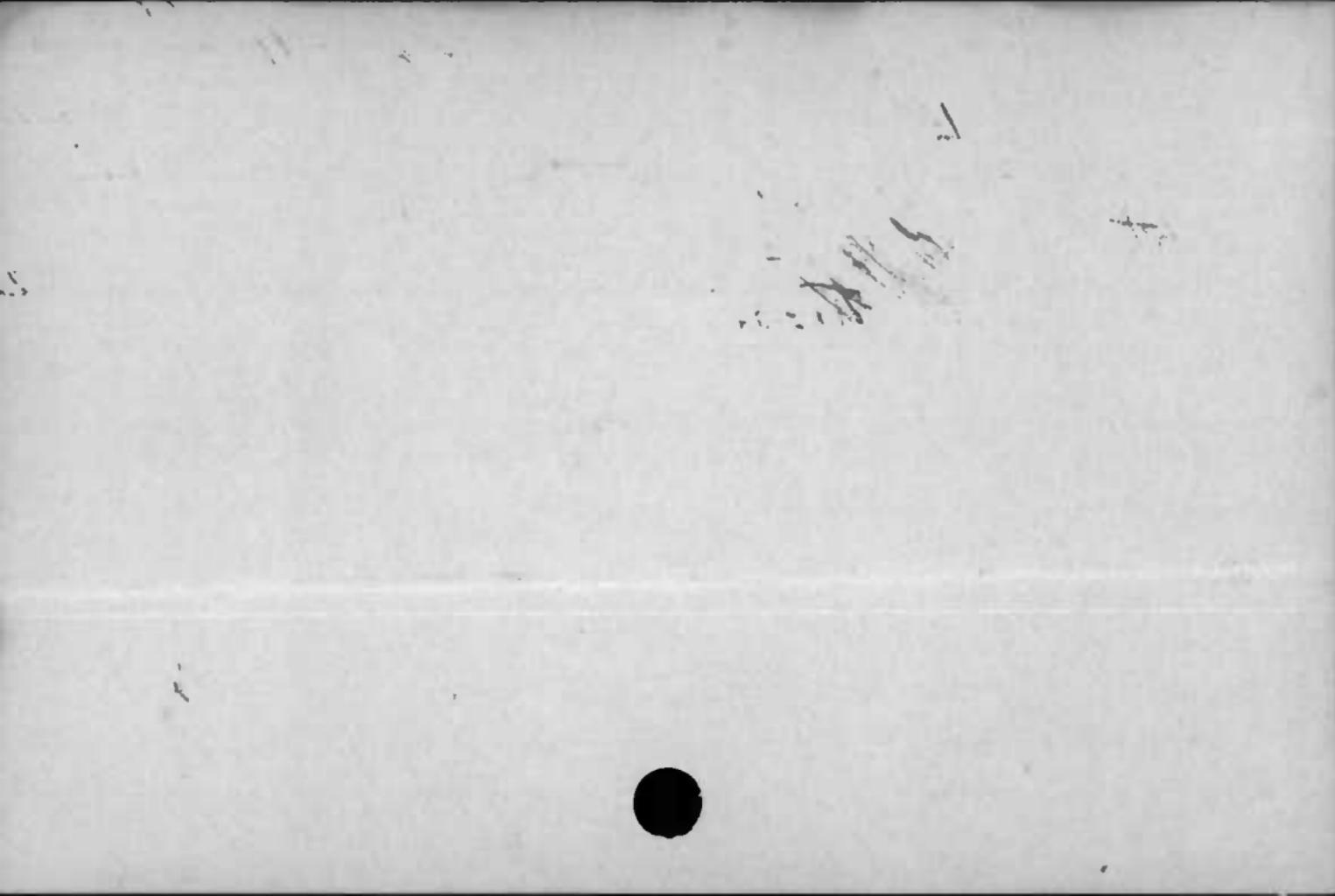
Signature of Physician

Address

Roger Brooke Jr. M.D.  
Sandy Spring, Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



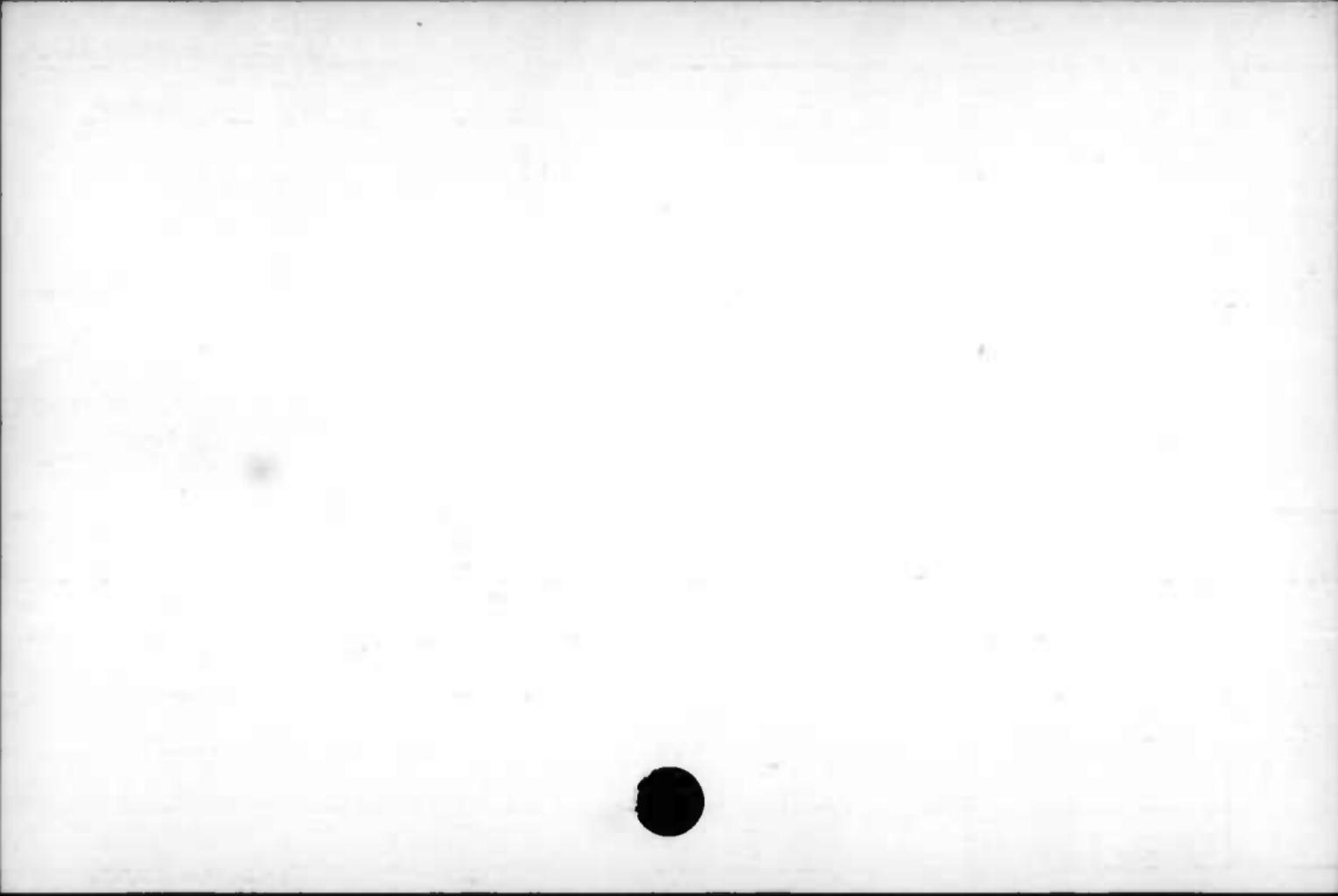
Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

Died at <u>Lincoln Park</u>		Town	<u>Jackson</u>		County	<u>Maryland</u>	
Date of death <u>1905</u>	Month <u>sep</u>	Day <u>18</u>	Age <u>7</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>Colored</u>			Birth-place <u>Md</u>			
Occupation <u>L</u>	Where Residing if not at place of death <u>L</u>						
Married, Single or Widowed <u>X</u>	Name of Wife or Husband			Father's Birthplace <u>Md</u>			
Father's Name <u>Henry Jackson</u>				Mother's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Suzetta Jackson</u>				Name of person giving information	How related to deceased		
<b>CAUSES OF DEATH</b>							
Primary	<u>Typhoid Fever</u>			How long			
Immediate	<u>Cerebral Effusion</u>			How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	<u>Gro H. Wright</u>		
				Address	<u>Forest Glen</u>		
True Copy <u>wld</u>							
Accident or Suicide?							



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

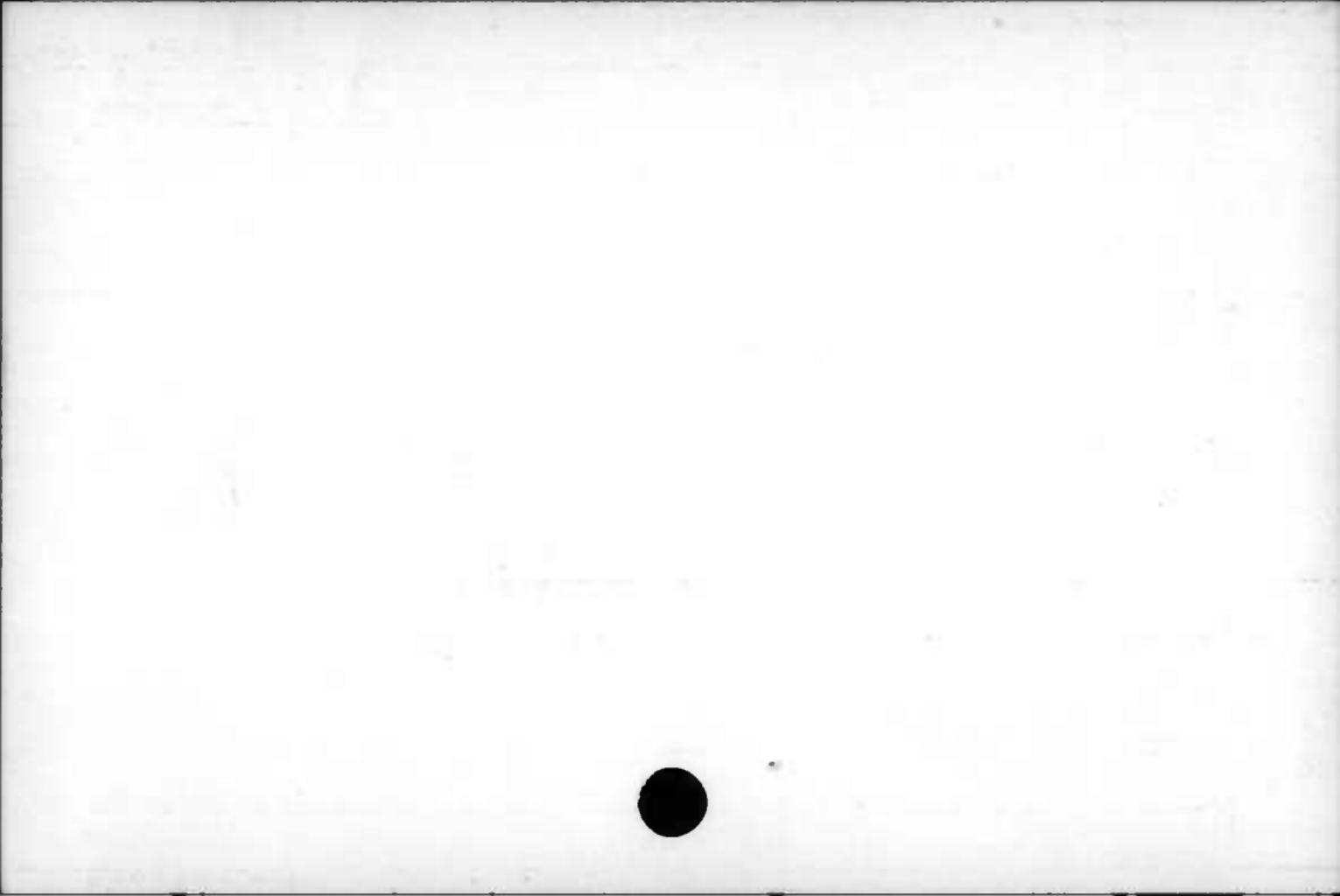
Jordan Johnson

CERTIFICATE OF DEATH

Died at <u>Kensington</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Sept</u>	Day <u>27</u>	Years <u>80</u>	Age <u>80</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>			Birth-place <u>Md.</u>		
Occupation <u>Lab.</u>	Where Residing if not at place of death <u>✓</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>✓</u>					
Father's Name <u>Jerry Johnson</u>			Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Ann Johnson</u>			Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>✓</u>			How related to deceased <u>✓</u>			

CAUSES OF DEATH

Primary <u>Acute Alcoholism</u>	How long <u>50</u>
Immediate <u>Heart failure</u>	How long <u>few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. L. Lewis</u>
Address <u>Kensington</u>	
Accident or Suicide? <u>✓</u>	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Wm James Keeley

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Date of death	Month	Day	Years	Months	Days		
1905	Sep.	16	Age	—	—	22	
Sex	Male	Color or Race	white	Birth-place	Annapolis		
Occupation	Where Residing if not at place of death		✓				
Married, Single or Widowed	Single	Name of Wife or Husband	✓				
Father's Name	Thos A. Keeley		Md				
Mother's Maiden Name	Josie C. Raney		Md				
Name of person giving information	J. A. Keeley		father				

CAUSES OF DEATH

Primary

Marasmus

How long

22 days

Immediate

"

How long

" "

Are the name, age, sex, color, date and place correctly given above?

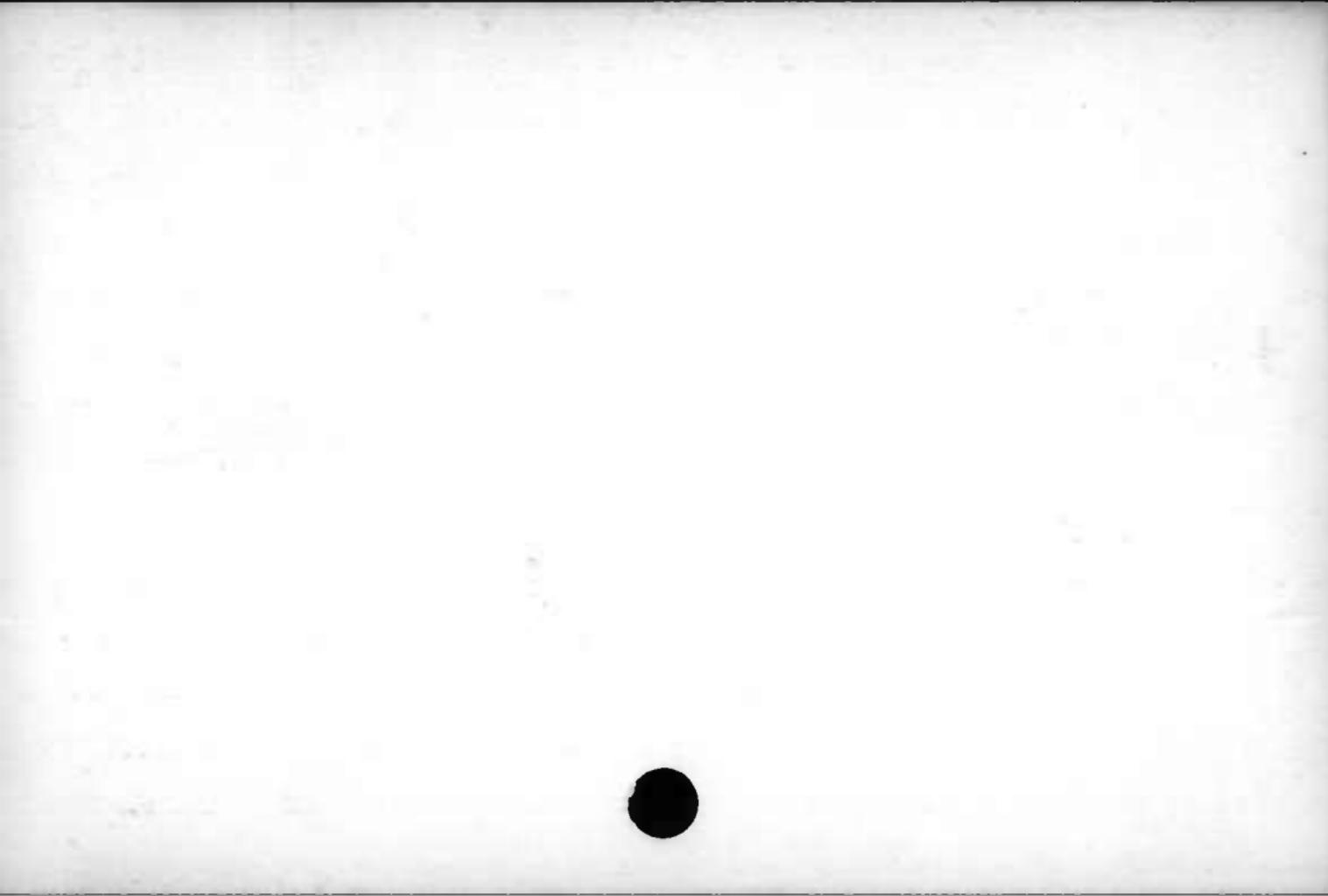
yes

Signature of Physician

Address

W. L. Leving Jr.  
Annapolis  
Md

Accident or Suicide?



Name  
in  
Full

Albert Luetkin

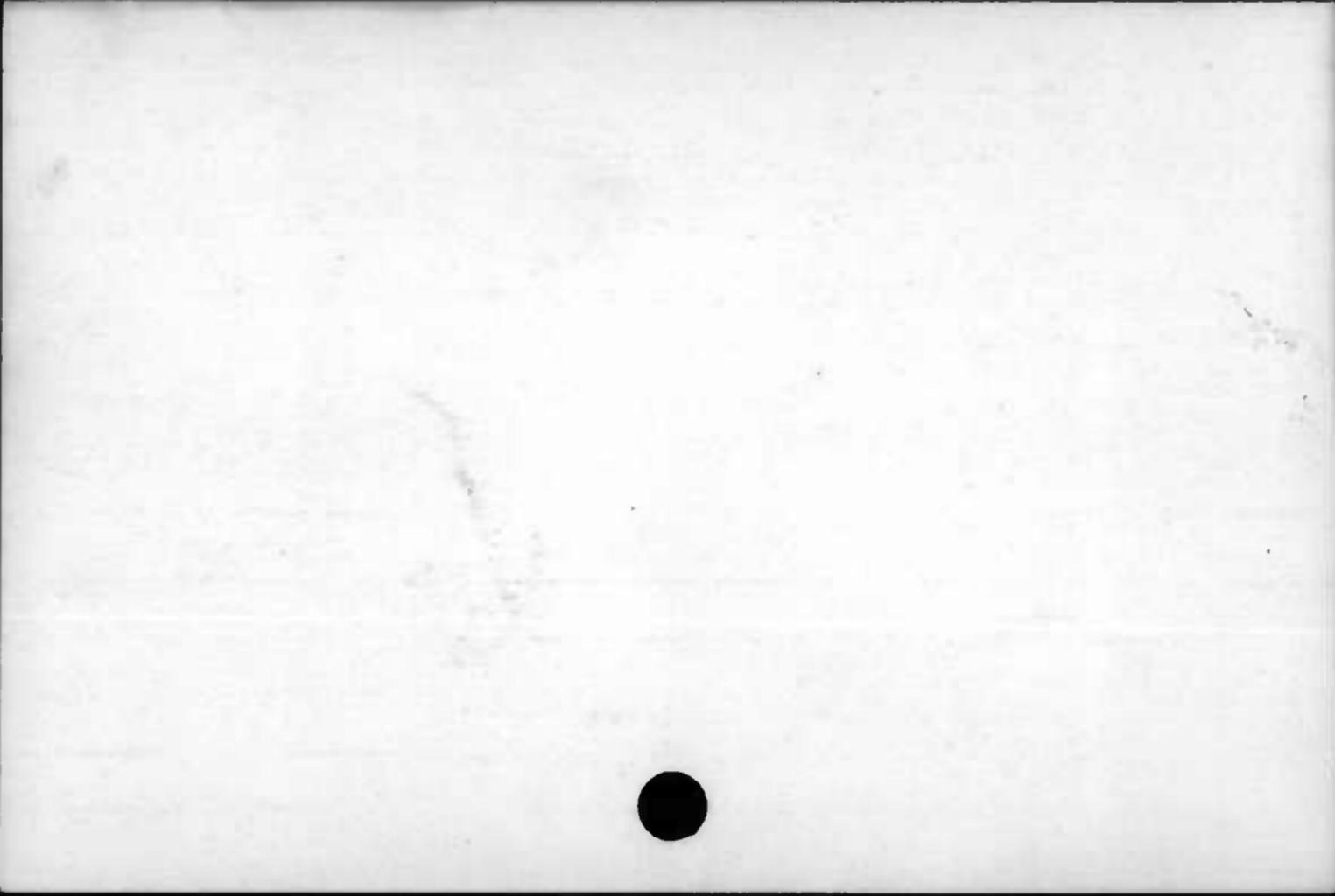
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Maurtzae</u> Town		County <u>Mary</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>9</u>	Day <u>23</u>	Years <u>Age att. 30</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place			
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>—</u>				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Typhoid fever.</u> <u>VD</u>	How long <u>3 weeks</u>
	Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address <u>O. M. Sutherland</u> <u>Rockville Md</u>
Accident or Suicide?		



Name  
in  
Full

Caroline H. Miller

CERTIFICATE OF DEATH

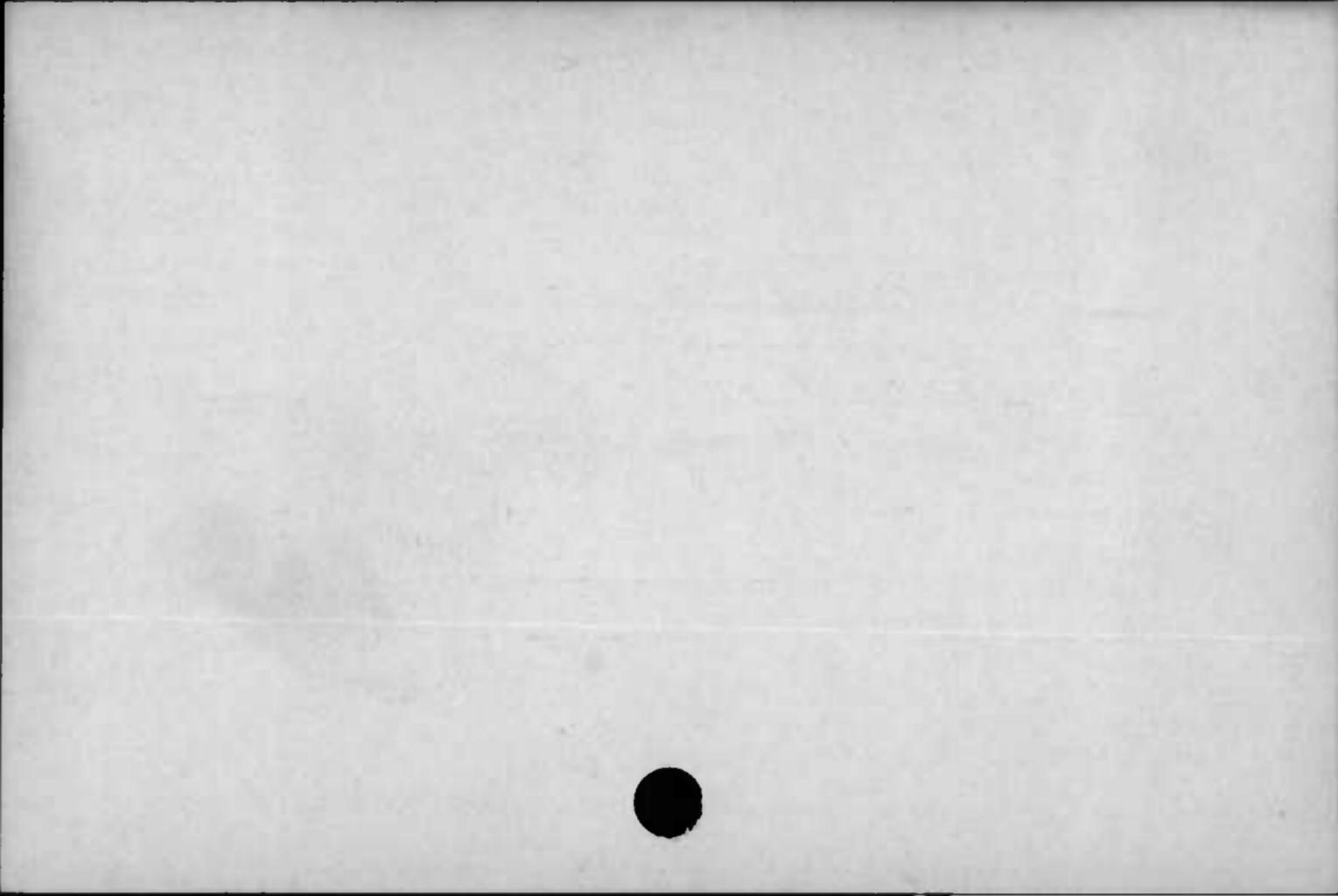
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Days
1905	9	2	8
Sex	Color or Race	Birth-place	
Female	white	Virginia	
Occupation	Where Residing if not at place of death		
None of late years	—		
Married, Single or Widowed	Name of Miller Husband	Francis Miller	
Father's Name	Benjamin H. Lowell		
Mother's Maiden Name	Margot Ferguson		
Name of person giving information	H. H. Miller son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Sub-acute Gastritis 40	How long	six month
Immediate	Maternal tumor of stomach	How long	three month
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Roger Brower
		Address	Sandy Spring
Accident or Suicide?			



Neal Musgrave

Town

County

Died at

Woodfield

Mount

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1965 - 9 25 -

Age 0 3 7

U.S.

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of \_\_\_\_\_

Wife

Father's Name

Walter Musgrave

Mother's

Maiden Name

Laura Carter

Cause of Death

Primary

Inanition

How long sick

6 weeks

Immediate

Same

Accident, Suicide, Homicide

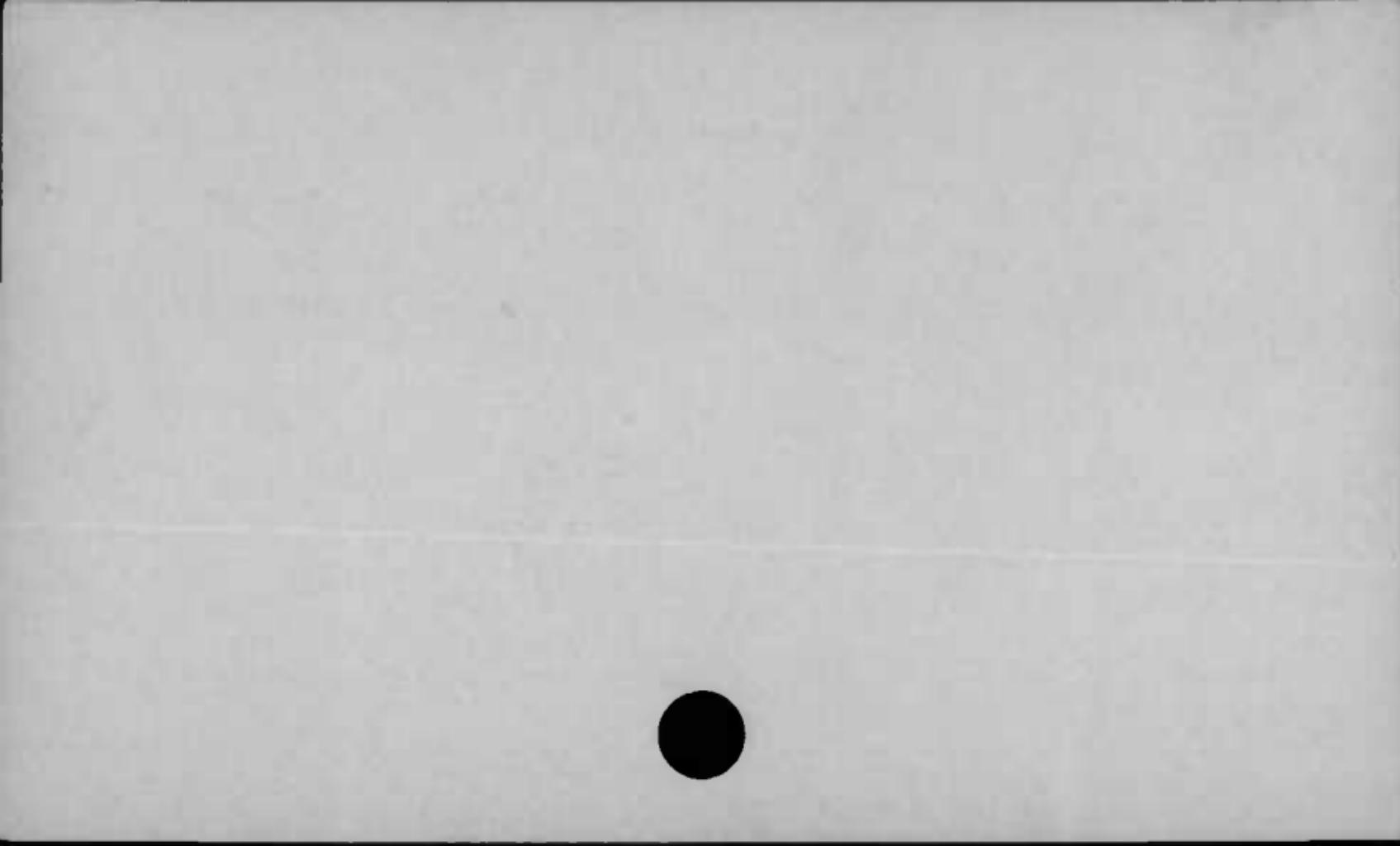
Reported by

P. J. Lansdale M.D.

Address

Damascus Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Levin Offert

CERTIFICATE OF DEATH

Died at <i>Seam</i>		Town	County <i>Maryland</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>9</i>	Day <i>22</i>	Years <i>87</i>	Age <i>87</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>			Birth- place <i>Md</i>		
Occupation <i>Mechanic</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rachel Frey</i>					
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving Information						How related to deceased

CAUSES OF DEATH

Primary

*old age*

*15+*

How long

Immediate

*Exhaustion*

How long

PHYSICIAN  
OR CORONER

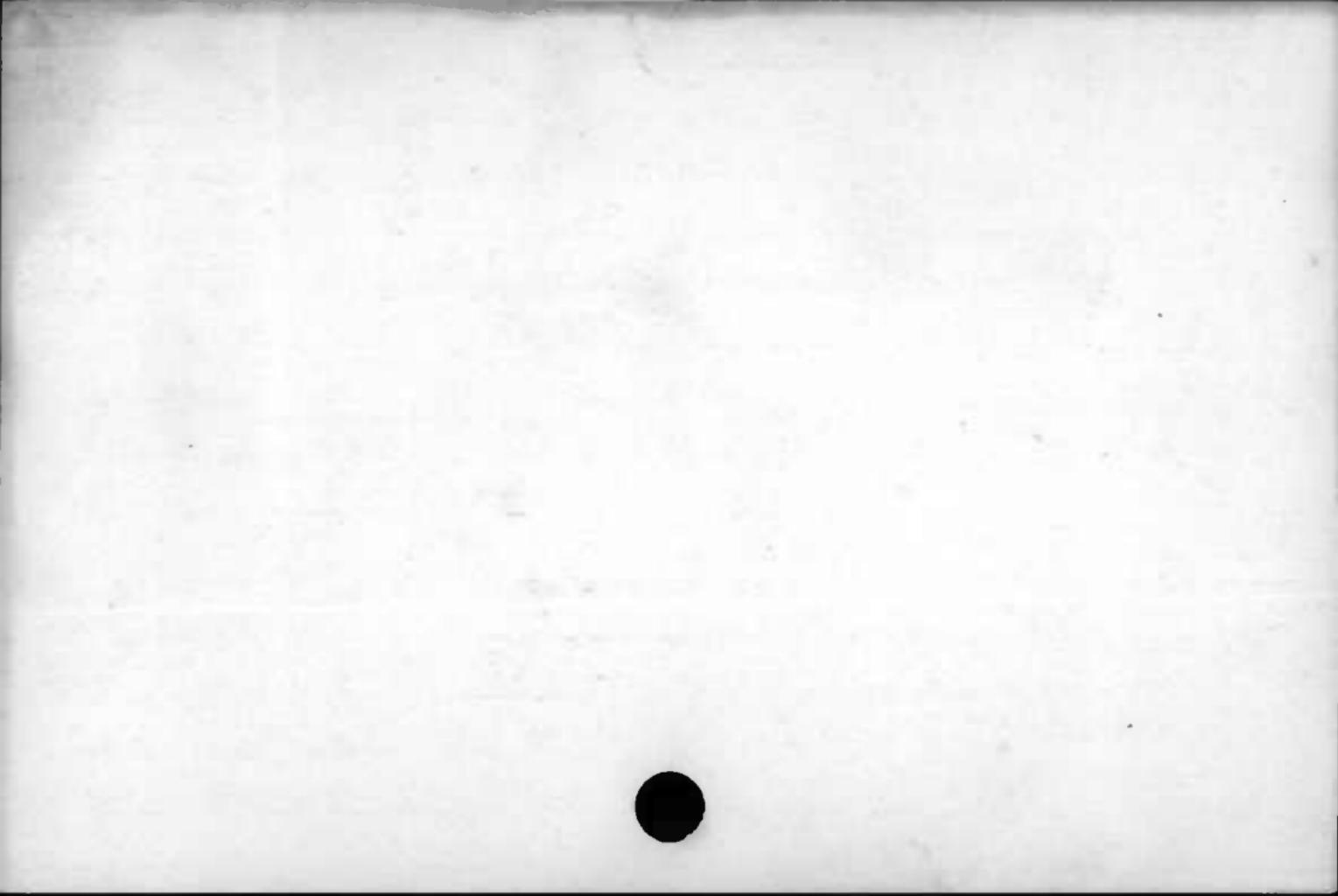
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

*O M Lachman  
Rockville  
Md*

Accident or Suicide?



Name in Full

Certificate of Death

Nelson Redney

Died at Town County Foundling Hosp Bethesda Montg. MARYLAND

Died at  
1908Month Day  
9 2Y. M. D.  
0 4 6Native of  
Md.

Occupation

Date 1908

Age

Male

White

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Malaria

How long sick

Death

Immediate

Exhaustion

During life

Accident, Suicide, Homicide

Reported by

L. Wauchoe.

Address

1213 14th St.

Wash. D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr W. L. Lewis,  
Kensington  
Montgomery Co., Md.

Name  
in  
Full

Henry Reed

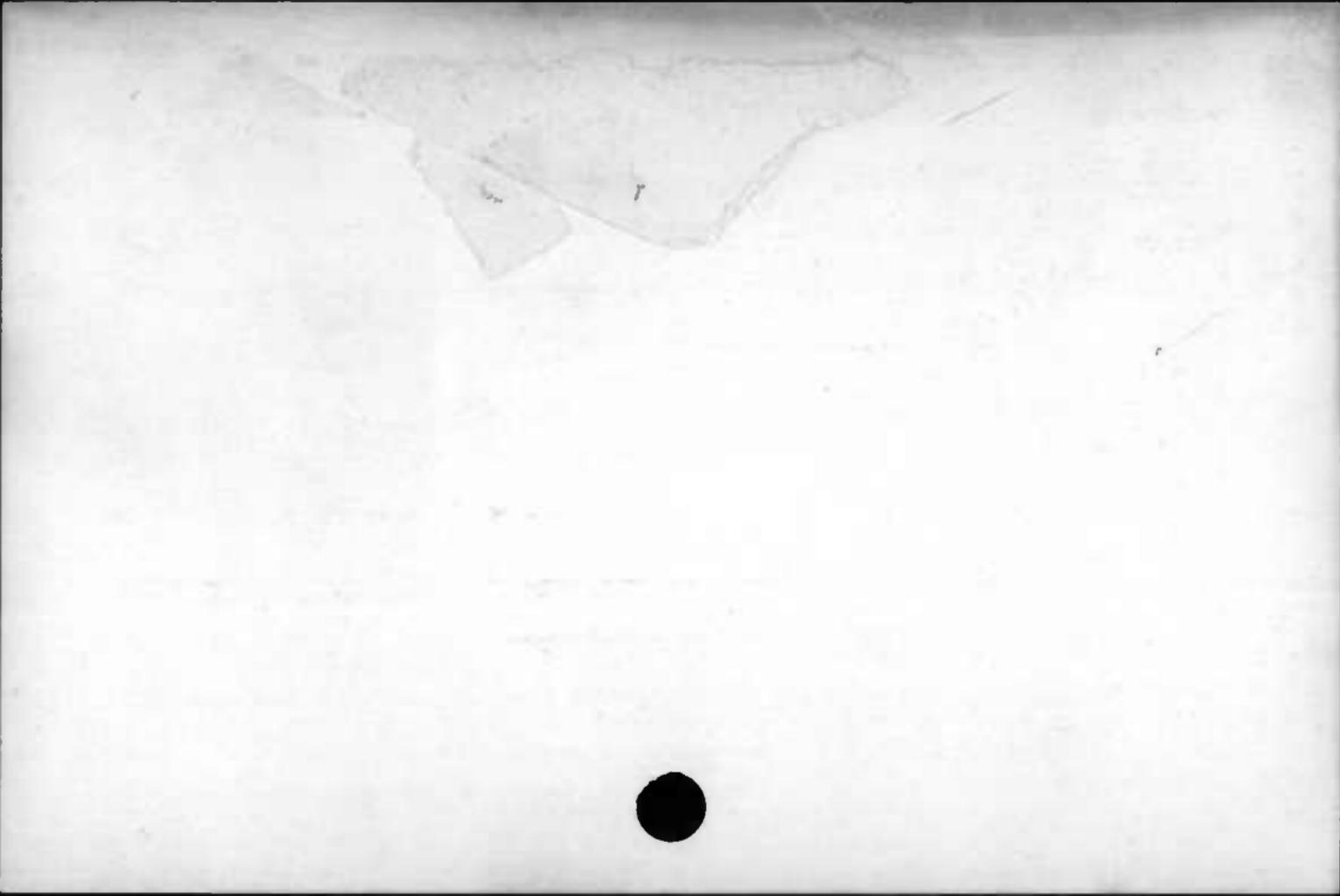
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Sept'	14	Age	59	
Sex	Male	Color or Race	White	Birth-place	Va
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth D. Reed.		
Father's Name	X				
Mother's Maiden Name	✓				
Name of person giving information	Elizabeth D. Reed				
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis				How long
Immediate					3 months
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Address		
Accident or Suicide?			Dr. P. J. Paine M.D. Pittman		

PHYSICIAN  
OR CORONER

J



Name  
in  
Full

Silas S. Ricketts.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Glen</u> Town	<u>Montgomery</u> County			MARYLAND	
Date of death <u>1905</u>	Month <u>Sept</u>	Day <u>25</u>	Age <u>16</u> Years	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Montgomery County</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Henry Ricketts</u>				Father's Birthplace <u>Montgomery County</u>	
Mother's Maiden Name <u>—</u>				Mother's Birthplace	
Name of person giving information <u>Henry Ricketts</u>				How related to deceased	<u>Parent</u>

CAUSES OF DEATH

Primary

Gun Shot Wound ✓ 32

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Geo R Bell Coroner

Address

Polomac, Md

PHYSICIAN  
OR CORONER

Accident or Suicide?

Accident

27" / 6

Name in Full

Certificate of Death

Katherine Riley

Town

County

Died at

Seneca

MARYLAND

1905 ~

Month

Day

Y.

M.

D.

Native of

Date 189

Age

3. -

- -

Md.

Occupation

Male

White

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John Riley

Mother's  
Name

Cause of

Primary

How long sick

Death

Immediate

Drowned

Drowned  
Accident, Suicide, Homicide

Reported by

6 House next

Address

Darnestown

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A



Name  
in  
Full.

Clara Dacevay Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birthplace
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Mother's Birthplace
Father's Name	Jospha Taylor	Ned	My Mother
Mother's Maiden Name	Eunice Sage Dacevay	Mother's Birthplace	
Name of person giving information	Eunice Dacevay	How related to deceased	

CAUSES OF DEATH

Primary

Measles

How long

Seven weeks

Immediate

Measles

How long

Seven months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

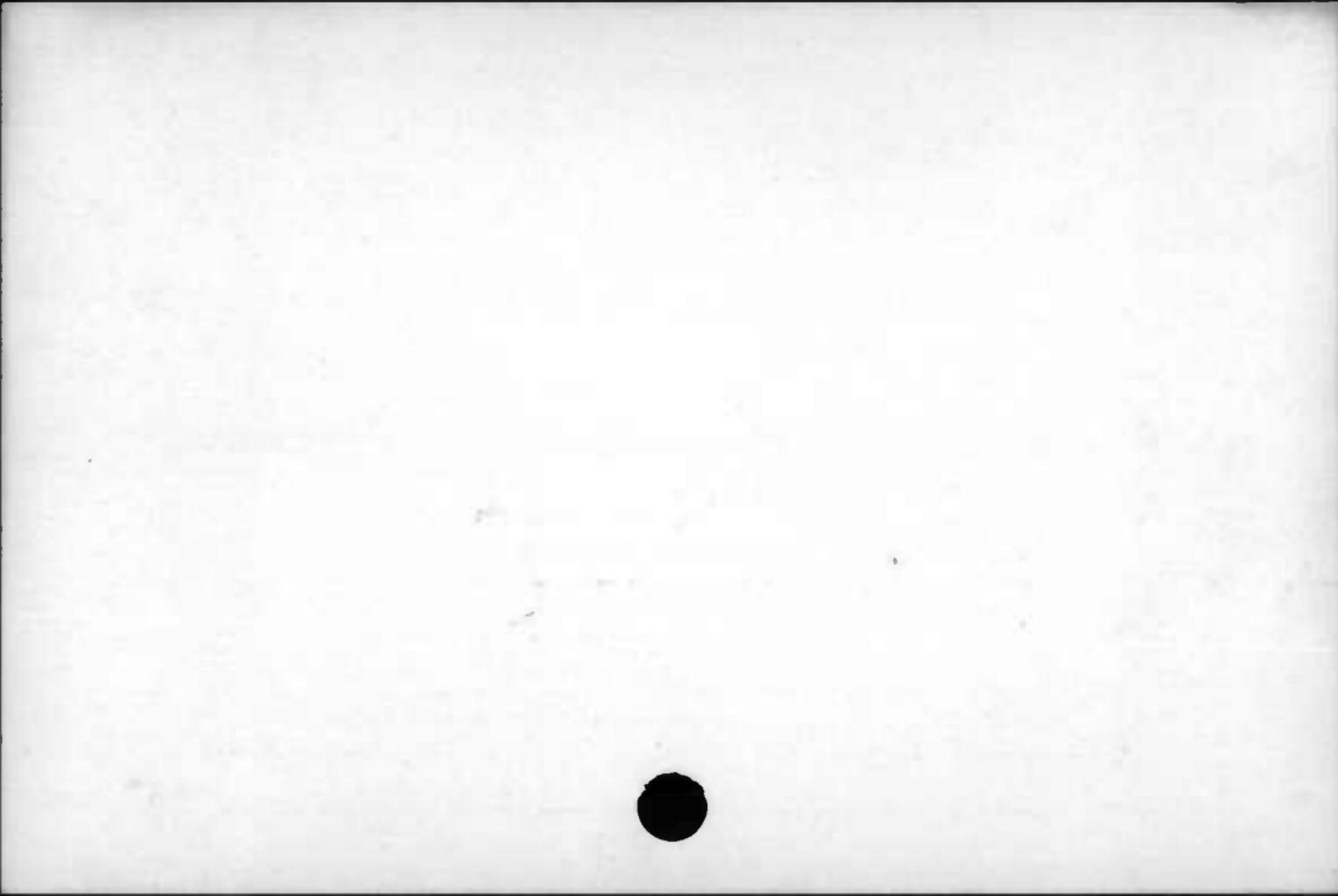
Engle Jones

Kensington

Accident or Suicide?

No

PHYSICIAN  
OR CORONER



Name  
in  
Full

Samuel Phumphrey

CERTIFICATE OF DEATH

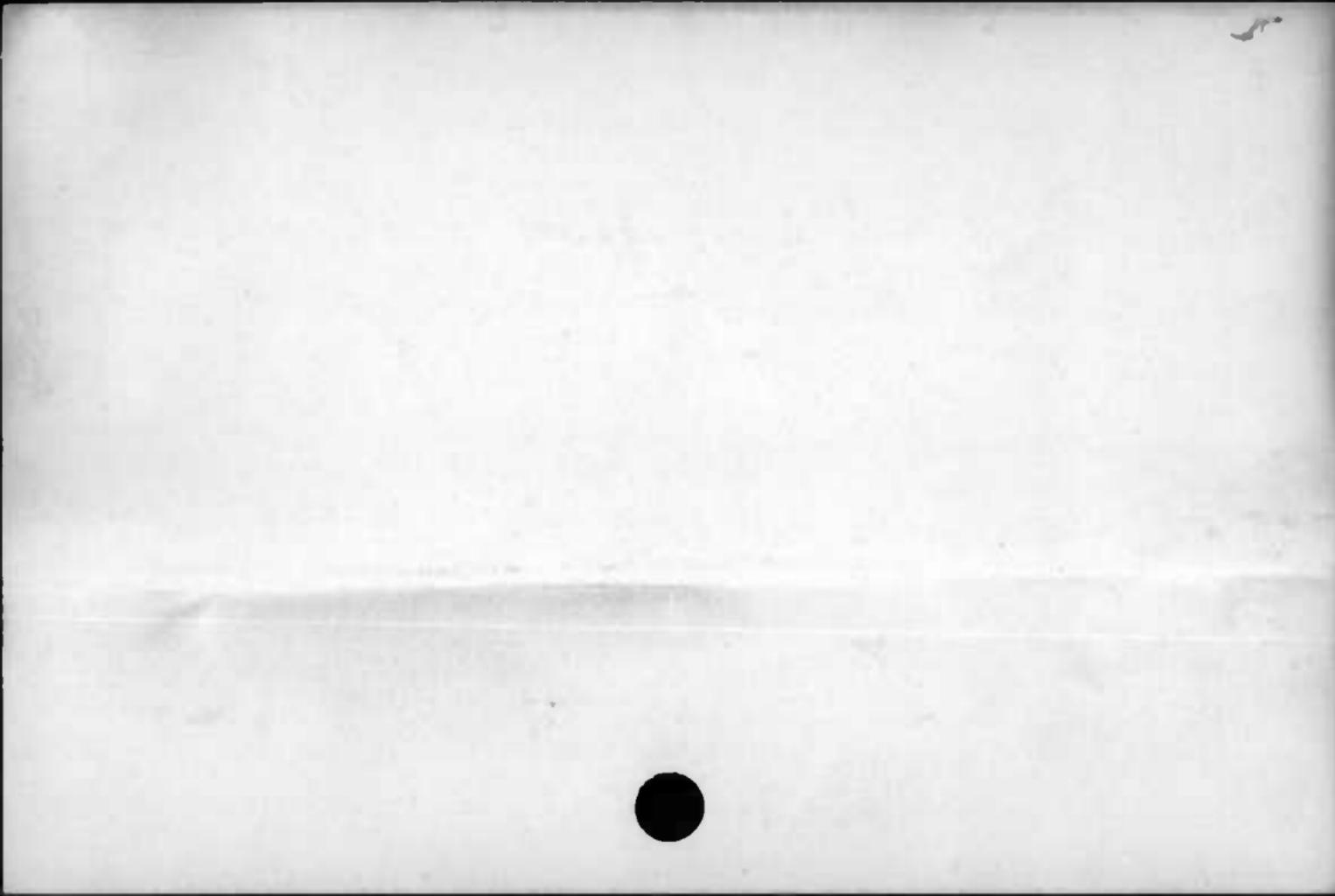
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Gates Phumphrey			Father's Birthplace	Spencerville
Mother's Maiden Name	Sarah Boston			Mother's Birthplace	Spencerville
Name of person giving information	Hathur			How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pertussis	How long	3 weeks
Immediate	Exhausting	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. R. Patterson
		Address	Spencerville
Accident or Suicide?			



Name  
in  
Full

Arthur Turner (Colored)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Beallsville

Town

County

MARYLAND

Date of death 1905

Month 9

Day 3

Years

Age

18

Months 1

Days 18

Sex Male

Color or Race Negro

Birth-place Beallsville Md.

Occupation Waited on physician

Where Residing if not  
at place of death

Philadelphia Pa.

Married Single  
or Widowed

Name of Wife or Husband

Father's Name Saml Turner

Father's Birthplace

Mother's Maiden Name Touria Turner

Mother's Birthplace

Name of person giving information

Physician

How related to deceased

Primary

CAUSES OF DEATH

Pulmonary tuberculosis

How long

8 mo.

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W.D. Bourne M.D.  
Dawsonville Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Hurville Rauzy Tuiles

CERTIFICATE OF DEATH

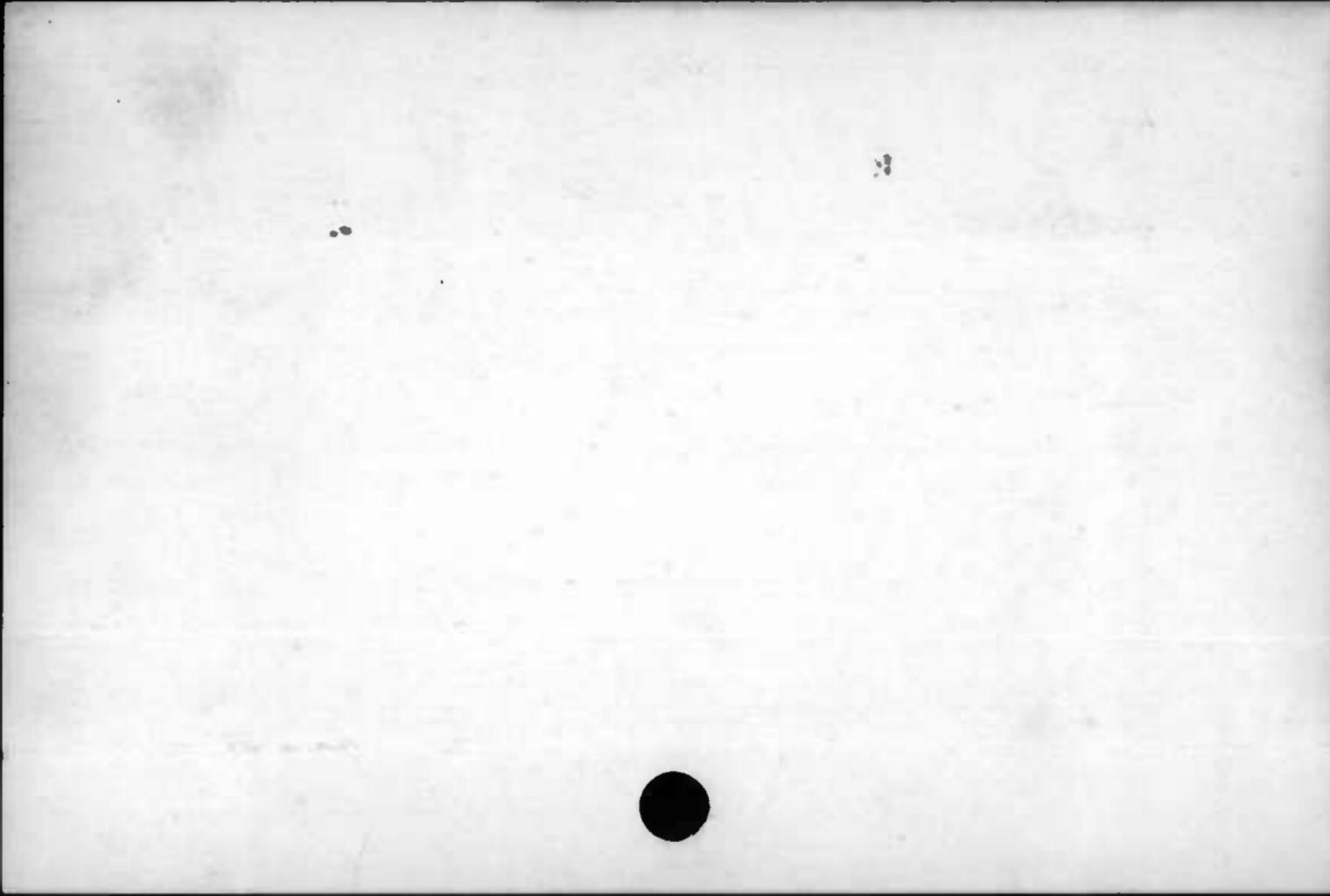
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town unity	County Mountg.	MARYLAND
Date of death 1905	Month Sept	Day 14	Years
Age	Months 2	Days 8	
Sex	Color or Race colored	Birth- place unity	
Occupation	Where Residing if not at place of death		
Married Single or Widowed	Name of wife or Husband	Father's Birthplace Mountg Co	
Father's Name Richard Tuiles	Mother's Birthplace Mountg, Co		
Mother's Maiden Name Rose Giles	How related to deceased Father		
Name of person giving Information Richard Tuiles			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Enter Colitis	(105)	How long 3 weeks
Immediate Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. G. Spurrier	
	Address unity P.O.	
Accident or Suicide?		



Name in Full

Certificate of Death

Hester White Viers

Died at Town County MARYLAND  
Blame MontgomeryDied at Date Month Day Age Native of Occupation  
1905 9 7 82, 3, 21 Md Housewife  
Male White Married Widower Divorced  
Female Colored Single Widower Number of children living  
8

Husband's Name of S. Clark Viers

Wife's Name Eli Viers Mother's Name

Father's Name Eli Viers

Cause of Primary Senility

How long sick  
18 mos.

Death Immediate Heart &amp; Kidneys

Accident, Suicide, Homicide

Reported by

Address

John L. Lewis, M.D.  
Baltimore, M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



David Smith Ward  
 Town \_\_\_\_\_  
 County \_\_\_\_\_  
 Mount.

MARYLAND

Died at

Woodfield

Month Day

Y. M. D.

Native of

Occupation

Date 1905

9 14

Age

1 11 11

U. S.

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of \_\_\_\_\_

Wife

Father's Name

David Ward

Mother's Maiden Name

Aledia Woodfield

Cause of

Primary

Dysentery

How long sick

Death

Immediate

meningitis

2 weeks

Accident, Suicide, Homicide

Reported by

P. S. Lansdale M.D.

Address

Damascus Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Amelia Niegard

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town  
Great Falls

County  
Montgomery

MARYLAND

Date  
of death 1905

Month  
Sept

Day  
30

Years  
61

Months  
X

Days  
X

Sex  
Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

Housewife

Where Residing if not  
at place of death

New Jersey

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Father's  
Name

August Sharrow

Father's  
Birthplace

Germany

Mother's  
Maiden Name

X

Mother's  
Birthplace

Name of person giving  
Information

Isabella Blaurock

How related  
to deceased

Daughter

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

1 Year

Immediate

Hemorrhage



How long

5 days.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Yes

N. J. Price M.D.

Baltimore  
Md.

Accident or Suicide?

